SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT QUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000081229 (2)

SEVEN MARY THREE, INC.

Principal Place of Business

Mailing Address

APPROVEU AND FILED 97 JUL 30 AM 9:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA



631 PALM SPRINGS DRIVE #117 631 PALM SPRINGS DRIVE #117 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701															
NEISMONIE SPRINGS PL							327 U I			DO NOT WRITE IN THIS SPACE					
										3. 🗆	ale Incorporated or Qualified		te of Last	Report	
L				·							10/01/1996	<u> </u>	M		
2. Principal F			Ca	2a	, Mailing Address	1.	۸			4, F	El Number			Applied For	
21 2183		K &	SenecaRd	r 26	111 Secon	na 1	tve,	NE			59-3403673			Not Applicable	
Suite, Apt.	. #, OC.	Suite, Apt. #, etc. 27 Suite 1200						5. Certificate of Status Desired S8.75 Additional Fee Regulred							
City & State					City & State					8.5	tection Campaign Financing				
23 Eust	is. FL			28 St. Petersl			oure. FL				lection Campaign Financing rust Fund Contribution			D May Be I to Fees	
Zip		Co	untry		Zip		Courit	ry			his corporation owes or has pa	id the cur			
24 3272			USA	29	33701	30	u	SA			ersonal Property Tax due June			□ No	
	9, Name	and A	ddress of Current	Regis	stered Agent		10. Name and Address of New Registered Agent								
į MA	MASSARONI, DARREL R Massaroni, Darrel R														
82 Street Address (P.O. Box Number is Not Acceptable)															
ALTAMONTE SPRINGS FL 32701 21835 Lake Seneca Rd.															
							8	5							
							8	1 City	Z	.J.			85 Zip	Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered															
I Office of t	renistered en	nont or	hoth in the State c	it Elori	ida. Such chance wa	ac amilia	orizad t	w the cou	a corpor rporatio	ration s n's boa	submits this statement for the pard of directors. I hereby acce	ourpose of of the app	changing ointment a	ils registered is registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.															
SIGNATURE	Signature, typed	l or printed	name of registered agont	and tille	e II epplicable (A	VOIE- Be	agistared A	gent signatur	e required	when rei	neletino)	DATE			
12.			CTORS	13.	Join aignator	· redonac		DITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12				
TITLE	<u> </u>				DELETE		1.1 TITLE		D			22.10.11110	Change		
NAME							1.2 NAME		1	60n	Ross				
STREET ADDRESS	Ì						1.3 STREI	T ADDRESS		35	hake beneca Rd	•			
CITY-ST-ZIP							1.4 CHY-	ST-ZIP	Eru	2413	. FL 32726				
TITLE					DELETE		21 TITLE		D		*		Change		
NAME							2.2 NAME		Ja	son	Pollock			•	
STREET ADDRESS							23 STREE	T ADDRESS	211	135	Lake Seneca R	.			
CITY-ST-ZIP							2 4 CMY	-ST-ZIP	Z	161	s FL 32726				
TITLE					☐ DELETE		3 1 THTLE		D				☐ Change	Addition	
NAME							3.2 NAME		Gi	+!	Khalsa			İ	
STREET ADDRESS						1		1 ADDRESS	21,8	35	hake Seneca Ko	•			
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TITLE	•				☐ DELETE		4.1 TITLE	_	D	_	David		Change	Addition	
NAME CYDEET ARRESCO						ı	4. 2 NAMI		Ca	sey	Danie I	1			
STREET ADDRESS						ŀ		T ADDRESS	218	15	hake Seneca R	a.			
CITY-ST-ZIP TITLE					DELETE		4.4 CITY - 5.1 TITLE	SI-ZIP	Du	4	s, FL 32726		Change	Addition	
NAME					L_J DLLLIL		5.2 NAME						L	☐ Worlingth	
STREET ADDRESS						ı		1 ADDRESS	_						
CITY-ST-ZIP						ŀ	5.4 CITY-		1 D	۵.	1000000	C 77 C	347.1	ci	
TITLE		·			DELETE		6.1 TITLE	OL-EI	M	<i>†#</i>	-08/05/	701	DCI ance	UL D Addition	
NAME					_		6.2 NAME		Y	4,	****16		*******1		
STREET ADORESS						1		T ADDRESS	1				•		
CITY-ST-ZIP							64 CITY-								
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I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental situal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the disporation or the received trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or operation with an address. blachment with an address.

DARREL L. MASSARIN. ./_ 352 483-0355